

39070

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE 28 DECEMBER 1977	FILE NO. 3190
TO: (check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		SS NUMBER 069-26-3138	RETURN TO CIA Background Use Only Do Not Reproduce
		CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 007667	
	<input checked="" type="checkbox"/>	CHIEF, LA (OPERATING COMPONENT FOR ACTION) ATTN:		ID CARD NUMBER	
REF.	RETIREMENT			OFFICIAL COVER	ESTABLISHED
STATUS	<input checked="" type="checkbox"/>	STAFF	CONTRACT		CANCELLED
					<input checked="" type="checkbox"/> CONTINUED
SUBJECT BUSTOS-VIDELA, CHARLOTTE Z.				UNIT	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)	CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE BOD	EFFECTIVE DATE:
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)	FORM 3254 94 W-2 TO BE ISSUED (HBB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 9 (HBB 20-7)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 9 (HBB 20-7)
<input checked="" type="checkbox"/> FORM 3254 94 W-2 TO BE ISSUED. (HBB 20-11)	EAA: CATEGORY I CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> EAA. CATEGORY I CATEGORY II	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR ACT HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

SUBJECT WILL BE DENIED FOR ENTIRE PERIOD OF EMPLOYMENT EXCEPT FOR US GOVERNMENT APPLICATIONS.

DISTRIBUTION:
COPY 1 - CD/TRB OR CPD CONTROL
COPY 2 - OPERATING COMPONENT
COPY 3 - OS/SRD
COPY 4 - OC/DO/TFB
COPY 5 - CCS-FILEVS/TW
*rp**Chas M. Selsky*

CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF

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